BALTIMORE COUNTY, MARYLAND

MBE/WBE PRIME PARTICIPATION SCHEDULE (Form B-Prime)

PLEASE COMPLETE AND SUBMIT THIS FORM TO ATTEST EACH SPECIFIC ITEM OF WORK THAT YOUR MBE/WBE PRIME FIRM WILL PERFORM USING ITS OWN WORKFORCE PERTAINING TO THE PERCENTAGE STATED MBE/WBE PARTICIPATION SCHEDULE (FORM B) FOR PURPOSES OF MEETING THE MBE/WBE PARTICIPATION GOALS.

*This document <u>must</u> be completed and submitted with Bid/Proposal to Baltimore County.

| | ot complete and submit this form with your ONSIVE and accordingly the COUNTY WILL | | | |
|--|---|----------------------|---|------------------------------|
| Provided that | | | (Prime Contractor's Name) with Certification Number | |
| | awarded the County contract in conjunc | | | |
| | s to perform with its own forces at least owing products/services for the Contract: | t \$ | which equals to% of the | ne Total Contract Amount for |
| NAICS CODE | | | RIPTION OF SPECIFIC PRODUCTS | VALUE OF THE WORK |
| | NUMBER, LINE ITEMS OR WORK CATEGORIES (IF APPLICABLE). FOR CONSTRUCTION PROJECTS, GENERAL CONDITIONS MUST BE LISTED SEPARATELY. | AND/OR SERVICES | | |
| | | | | |
| | | | | |
| MBE PRIME CONTRACTOR | | MBE PRIME CONTRACTOR | | |
| Signature of Representative: | | | Minority Status: | |
| | | | ☐ African American | |
| Printed Name and Title: | | | ☐ Hispanic American | |
| | | | ☐ Women | |
| Firm's Name: Federal Identification Number: | | | Asian American | |
| Address: | | | ☐ Native American | |
| | | | □Disadvantaged | |
| Telephone: | | | | |
| Date: | | | | |
| Certified Yes No | | | | |
| Certifying Jurisdiction | | | | |